

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000053783 (5)

1. Corporation Name
HIGHSIDE INVESTMENTS, INC.

Principal Place of Business 8780 MAJOR BLVD. SUITE 300 ORLANDO FL 32819	Mailing Address 5750 MAJOR BLVD. SUITE 300 ORLANDO FL 32819
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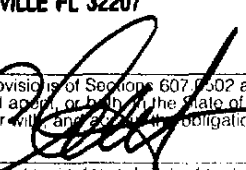


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7041 GRAND NAT'L DR. Suite, Apt. #, etc. 22 Suite 211 City & State 23 ORLANDO FL Zip 24 32819		2a. Mailing Address 26 7041 GRAND NAT'L DR. Suite, Apt. #, etc. 27 Suite 211 City & State 28 ORL. FL Zip 29 32819		3. Date Incorporated or Qualified 08/02/1993	
				4. FEI Number 59-3193903	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

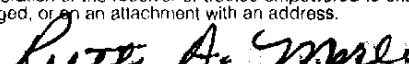
9. Name and Address of Current Registered Agent MOTOLAW INC 1301 RIVERPLACE BLVD SUITE 1301 JACKSONVILLE FL 32207				10. Name and Address of New Registered Agent 81 Name Charles EGERTON 82 Street Address (P.O. Box Number is Not Acceptable) 800 N. MAGNOLIA Ave 83 Suite 1502 84 City Orlando FL 85 Zip Code 32203			
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE 5/18/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	POITRAS, EDWARD W	50 N LAURA ST, STE 3400	JACKSONVILLE FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	POITRAS, KAY G	50 N LAURA ST, STE 3400	JACKSONVILLE FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: 4/6/98 (467) 3450937

CR2E034 (1097)